

(to be used for all correspondence after initial filing)

Application Number	09/747,064
Filing Date	December 20, 2000
First Named Inventor	Anderson, Robert
Art Unit	2874
Examiner Name	Petkovsek, Daniel J.
Attorney Docket Number	019930-000800US


Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="text" value="Remarks"/> | The Commissioner is authorized to charge any additional fees to Dep Account 20-1430. |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Patrick M. Boucher	Reg. No. 44,037
Signature		
Date	September 13, 2004	

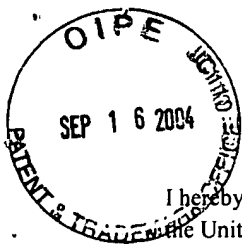
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Date | September 13, 2004



2874
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On:

September 13, 2004

TOWNSEND AND TOWNSEND AND CREW

By:

Heidi L. McNeill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert Anderson et al.

Application No.: 09/747,064

Filed: December 20, 2000

For: WAVELENGTH ROUTER WITH
STAGGERED INPUT/OUTPUT FIBERS

Customer No.: 20350

Confirmation No. 1604

Examiner: Petkovsek, Daniel J.

Technology Center/Art Unit: 2874

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 13, 2004, please enter the following amendments and remarks:

A Listing of Claims begins on page 2 of this paper.

Remarks begin on page 7 of this paper.